

TEMPORARY ABSENCE FROM QUARTERS

TO: DIRECTOR, FAMILY HOUSING

FROM: _____
NAME RANK ORGANIZATION

SSN HM PHONE WK PHONE

DATE OF REQUEST: _____

1. I am requesting permission to leave my quarters vacant for a period not to exceed 30 days. The following information is provided:

ADDRESS

DEPARTURE DATE

RETURN DATE

REASON/S FOR ABSENCE

I can be reached at the following address and phone number during my absence:

ADDRESS

PHONE

2. Before I leave my quarters I will agree to the following:

Please initial each:

_____ Remove all pets from premises
_____ Secure all doors and windows
_____ Remove all perishable foods from the refrigerator
_____ Turn the refrigerator dial to the lowest setting (Not Off)
_____ During the winter set thermostat to 65 degrees
_____ During the summer set thermostat to the OFF position
_____ Arrange to have you mail held or forwarded by the US Post Office
_____ Stop newspaper delivery
_____ Call PMO to see if they can check the premises

3. I will make sure a responsible adult will take care of the upkeep of my quarters to include grass cutting. This individual will also serve as the emergency contact and must have a key. They must also reside in base housing. The name, address, and phone number of this individual caring for my quarters is:

NAME ADDRESS PHONE

OCCUPANT SIGNATURE

DATE